CS-13 Rev 1-79, 7-81 5-98 and 10-04

APPLICATION FOR EXAMINATION

DEPARTMENT OF CITY CIVIL SERVICE CITY HALL 1300 PERDIDO STREET-NEW ORLEANS 70112 APPLICATION OFFICE 7W03 – MAIN OFFICE – ROOM 7W03 PLEASE PRINT				I am a	pplying fo	r the posit	ion of (list below):		
Name: Last		First	First		Middle/Maiden		Social Security Number		
Address: Number & Street					Apartment		Home Phone/Business Phone		
City			State		Zip Code		Birthdate		
Your Signature				37	N.	Today's Date			
e-mail address: Are you currently employed by the City of New Orleans?				Yes	s No	VETERAN'S PREFERENCE			
If yes, what is your official class (job) title (list below): Have you ever applied under another name (maiden, etc.)?					Certain veterans and wives, widows, and mothers of veterans are entitled to preference on examinations. See the reverse side of the Examination Announcement and the Veteran Preference Claim form for details.				
If yes, please	write name here	e IOT WRITE BELO	W THIS LINE						
previously, and	d attach a Personal have gained addi	History, Record (Citional experience	S-1), or, if they have and/or education, to cuments required for	they shoul	d attach a				
Application: Accepted Rejected Reason:						Voter's Reg			
	RAW SCORE	% EQUIV.	WEIGHT		WTD. CORE				
Written Test Oral						"The City of New Orleans is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, gender, age, physical or mental disability, sexual orientation, creed, culture, or ancestry. Requests for alternate format or accommodations should be directed to Doddie Smith, (504) 658-3516 or TTY/Voice (504) 586-4475."			
Test									
Rating of Train/Exp.									
Performance Test Agility									
Test Vets						CIVIL SERVICE USE ONLY			
Credit TOTAL									
RANK									